

Form No 1.

(1) PLACE OF BIRTH

County of Abbeville
Township of Calhoun

or
Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
41365

Registration District No. 102 Registered No. 102
(For use of Local Registrar)

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Thomas Ruth Lee { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 10, 1913
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Gary Lee
(9) PRESENT POSTOFFICE OF FATHER Mt. Carmel, S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Mt. Carmel, S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth { 3

MOTHER.

(14) NAME BEFORE MARRIAGE Low Milledge
(15) PRESENT POSTOFFICE OF MOTHER Mt. Carmel, S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE Mt. Carmel, S.C.
(19) OCCUPATION Farm Hand
(21) Number of children of this mother now living, including present birth { 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nellie J. Belcher
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
....., 191....
..... Registrar

(26) Witness Mrs. R. J. McAllister
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 12-14, 1915. (28) D. J. McAllister Local Registrar

MARGIN RESERVED FOR BINDING.
WHEN MAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
City of Columbia.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.